

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing


AUTHORIZED SIGNATURE

Nathaniel Bossick, Chief Executive Officer
PRINT NAME AND TITLE

1/23/26
DATE



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: RAINBOW HEALTH

Issue Date: 01/01/2026

Status: Compliant

Hawaii Tax#:

New Hawaii Tax#:

FEIN/SSN#:

UI#: No record

DCCA FILE#: 345157

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	Exempt
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	A status determination has not yet been made
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

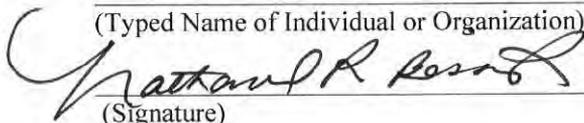
- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawaii'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Rainbow Health

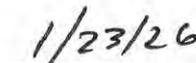
(Typed Name of Individual or Organization)



(Signature)

Nathaniel Bossick

(Typed Name)



(Date)

Chief Executive Officer

(Title)

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Certification – Please attach immediately after cover page

1. Hawaii Compliance Express Certificate (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2025.

Please see attached.

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes.

Please see attached.

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

This grant will be used for a public purpose pursuant to HRS §42F-102 by expanding access to essential behavioral health and substance use services for underserved community members particularly those who are uninsured or underinsured through low-barrier, field-based “street medicine” outreach. The project reduces preventable crises, supports stabilization, and improves health equity and community well-being.

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

Rainbow Health (RH) is a Hawaii-based 501(c)(3) nonprofit organization dedicated to expanding access to culturally responsive, trauma-informed, community-based behavioral health, counseling, and Community Integration Services (CIS) for keiki, adults, and families who face geographic, cultural, socioeconomic, and systemic barriers

to care. RH was founded to bridge critical gaps for communities that are often unable or hesitant to engage in traditional clinic-based services, and we deliver integrated supports that include psychotherapy, housing navigation for people at risk of homelessness, and crisis support, meeting people where they are, both physically and emotionally, in ways that honor dignity, lived experience, and local values.

Operating on Oahu with planned expansion to neighbor islands in 2026 through a hub-and-spoke model, RH serves some of Hawaii's most vulnerable residents, including individuals experiencing homelessness, youth in crisis, medically fragile individuals, Native Hawaiian families disproportionately impacted by behavioral health disparities, and people living with SPMI and/or co-occurring conditions. Since launch, RH has experienced a 7,000% increase in demand for services in 2025, reflecting rapid growth in community need and strong uptake of our low-barrier, community-grounded approach positioning RH to intervene earlier with high-risk individuals, reduce avoidable crisis episodes and emergency department utilization, and improve continuity of care and long-term outcomes.

2. The goals and objectives related to the request;

Rainbow Health requests FY2027 State of Hawaii GIA support to formally establish and expand Ho'ōla Ma Ke Ala: Mobile Behavioral Health & Substance Use Support, a Culturally Aware Behavioral Health Street Medicine initiative that builds on work Rainbow Health is already delivering informally in the field. In practice, Rainbow Health regularly provides behavioral health and substance use support wherever clients feel safest and most comfortable including encampments, beaches, shelters, parks, vehicles, and other community settings truly meeting people where they are. This request will strengthen, standardize, and scale that established approach, while complementing our Decolonizing Wealth Youth Mental Health Fund, which increases counseling access and supports youth advisory circles for BIPOC, NHOPI, LGBTQ+, and Indigenous youth.

Through this request, Rainbow Health will strengthen early engagement and stabilization for uninsured and underinsured community members who face persistent access barriers such as transportation challenges, limited provider availability, system complexity, stigma, and past negative experiences with care. By meeting people in the field, the program will increase timely screening and brief intervention, provide culturally responsive harm reduction and substance use support, and complete warm handoffs to appropriate ongoing services when needed.

3. The public purpose and need to be served

The public purpose of this investment is to advance health equity and community well-being by ensuring more residents can access essential behavioral health and substance use support earlier, reducing high-cost use of emergency departments, inpatient hospitalization, and crisis-driven public response systems that the State of Hawaii and taxpayers often absorb. Psychiatric Emergency Department boarding alone has been estimated to cost \$2,264 per boarded patient, and more accessible crisis alternatives

(including walk-in crisis stabilization) are associated with reduced mental/behavioral-disorder-related ED utilization; in 2024 reporting, states found an average of 81% of people receiving crisis stabilization had their crises resolved without requiring more intensive services.^{1,2,3} For substance use, Avalere estimates the total average annual cost per OUD case (2024) is approximately \$695,000, and that ambulatory treatment can produce net annual per-case savings of approximately \$144,000 (behavioral therapy) to \$271,000 (behavioral therapy and methadone), underscoring the fiscal value of early, community-based engagement and linkage to treatment.^{4,5}

4. Describe the target population to be served; and

The project will primarily serve uninsured and underinsured adults and children experiencing behavioral health and/or substance use challenges particularly individuals experiencing housing instability or unsheltered homelessness and others who face disproportionate barriers to care. This initial pilot will launch on Oahu, leveraging Rainbow Health's established field presence and the areas of highest need, with the intent to expand to the neighbor islands in the following year through coordinated partnerships and structured outreach days.

5. Describe the geographic coverage.

FY2027 services will be delivered across Oahu, leveraging Rainbow Health's established field presence and highest-need communities. Expansion to neighbor islands will be pursued in Year 2 through coordinated partnerships and structured outreach days as resources allow.

III. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

Rainbow Health will implement and expand Ho'ōla Ma Ke Ala: Mobile Behavioral Health & Substance Use Support through coordinated workstreams that ensure consistent outreach operations, strong clinical quality, field safety, effective referral pathways, and clear

¹ Nordstrom K, Berlin JS, Nash SS, Shah SB, Schmelzer NA, Worley LL. *Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document*. West J Emerg Med. 2019;20(5):690-695.

² Burns A, Vest JR, Monahan P, et al. Availability of behavioral health crisis care and associated changes in emergency department utilization. *Health Serv Res*. 2024;59(6):1759-1769.

³ National Association of State Mental Health Program Directors Research Institute (NRI). *Behavioral Health Crisis System Outcomes and Information: August 2025 Update*. Published September 2025.

⁴ Avalere Health. *The cost of addiction: Opioid use disorder in the United States*. White paper. Published May 2025.

⁵ Avalere Health. *White Paper: The Cost of Opioid Use Disorder*. Published May 19, 2025.

accountability. The program will operate as a culturally aware, low-barrier BH/SU street medicine model that reaches uninsured and underinsured community members in the settings where they are most likely to engage such as shelters, encampments, parks, beaches, vehicles, and other community locations while strengthening connection to ongoing care and reducing preventable crises and high-cost utilization of emergency systems.

Mobile Outreach and Engagement (Street Medicine Model)

Rainbow Health will conduct routine, scheduled mobile outreach in community settings where uninsured and underinsured individuals are most likely to be present and willing to engage, including shelters, encampments, parks, vehicles, and other community locations. Outreach will prioritize dignity, consent, privacy, cultural humility, and participant choice, with engagement strategies that are nonjudgmental, trauma-informed, and culturally aware. The intent is to reduce stigma and remove common barriers to care by creating predictable, approachable points of contact in the field.

To strengthen continuity and avoid duplication, Rainbow Health will coordinate with shelters, outreach teams, housing partners, and community organizations to align routes and outreach days. The program will maintain a predictable outreach cadence (such as weekly routes and partner-aligned outreach events), establish consistent communication protocols with key partners, and ensure field readiness for every outreach day confirming staffing coverage, safety plans, supplies, documentation tools, and updated referral resources.

Field-Based Screening, Brief Intervention, and Stabilization

During outreach, Rainbow Health will offer screening and brief assessment only as clinically appropriate and with informed consent to identify behavioral health and substance use needs, risk factors, and immediate priorities. Staff will provide brief interventions that support stabilization and reduce harm, such as motivational support, coping and grounding strategies, problem-solving, and de-escalation techniques. The program will also provide culturally responsive harm-reduction education and individualized safety planning aligned with each participant's goals, readiness, and lived context.

Within the scope of street medicine outreach, Rainbow Health will deliver immediate, practical supports focused on stabilizing the situation and increasing options for next steps. When urgent needs are identified, staff will coordinate time-sensitive responses, including connection to crisis resources when indicated. Throughout this process, the program will encourage connection to ongoing supports while respecting autonomy, pacing, and participant choice.

Care Navigation and Warm Handoffs to Ongoing Services

A core function of Ho'ōla Ma Ke Ala is reducing "drop-off" between initial contact and sustained care. Rainbow Health will provide care navigation and warm handoffs to appropriate services, including behavioral health counseling/therapy, substance use treatment and recovery supports, primary care and specialty care, insurance enrollment/navigation supports, peer support, culturally grounded community supports, and housing-navigation linkages when appropriate through partner systems.

Warm handoffs will be supported by active coordination helping schedule appointments when feasible, providing reminders, addressing access barriers (such as transportation or documentation challenges), and conducting follow-up outreach to confirm connection. Rainbow Health will maintain a curated referral network with direct points of contact, track referral outcomes and follow-up attempts, and strengthen continuity for participants who need repeated engagement. Eligible youth and transition-age youth will be connected to Rainbow Health's Decolonizing Wealth Youth Mental Health Fund, including counseling supports and youth advisory circles, when appropriate.

Documentation, Data Systems, and Reporting

Rainbow Health will use standardized documentation workflows designed for mobile/field-based services to ensure continuity of care, accountability, and accurate reporting.

Documentation will capture engagement and consent processes, screening/brief assessment (when applicable), services delivered, referrals and warm handoffs completed, and follow-up plans. The program will maintain secure systems and protocols to protect confidentiality and align with applicable privacy requirements, using de-identified, aggregate reporting for grant oversight and expending agency reporting.

Program performance will be monitored through routine dashboards and narrative reporting that summarize outputs, outcomes, and implementation progress. Rainbow Health will ensure timely documentation, consistent tracking, and strong data integrity practices, and will participate in monitoring activities as requested by the expending agency, including providing periodic performance reports and responding to compliance or evaluation requests.

Staffing, Training, Supervision, and Field Safety

Ho'ōla Ma Ke Ala will be staffed by trained personnel equipped to conduct outreach engagement, provide screening/brief intervention and stabilization supports, and complete navigation and warm handoffs. Rainbow Health will provide ongoing training in trauma-informed engagement, cultural responsiveness, motivational approaches, de-escalation, and field safety. The program will maintain structured clinical and operational supervision to support staff decision-making, fidelity to the model, documentation quality, and staff well-being reducing burnout and strengthening service consistency.

Field safety will be operationalized through clear procedures such as check-in/check-out processes, buddy practices when appropriate, incident reporting, and proactive risk mitigation. Rainbow Health will ensure role clarity and staffing coverage for outreach routes, conduct regular supervision and case consultation, and continuously refine safety practices based on field experience and partner coordination.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

Quarter 1 (Months 1–3): Start-Up, Alignment, and Launch

In Quarter 1, Rainbow Health will complete start-up activities to ensure Ho'ōla Ma Ke Ala launches with clear protocols, consistent implementation, and strong partner alignment. The

service model and operational workflows will be finalized, including procedures for informed consent, field-based screening and brief assessment (as appropriate), documentation standards, referral and warm handoff processes, follow-up expectations, and safety/incident response protocols. Rainbow Health will confirm outreach locations and a predictable service cadence, coordinating with shelters, outreach teams, and community partners to align routes and minimize duplication while establishing reliable points of access for participants.

During this phase, Rainbow Health will formalize high-priority referral pathways and confirm partner points of contact to support warm handoffs and continuity. Staff will be trained in relationship-based engagement, trauma-informed and culturally responsive practice, de-escalation strategies, crisis response protocols, and field safety procedures. Rainbow Health will also implement baseline data tracking tools and reporting templates to establish early performance monitoring and define the cadence for internal CQI review and agency reporting.

Deliverables (Quarter 1):

- Finalized outreach routes and calendar for Oahu (minimum 2 outreach events/week)
- SOPs finalized (consent, screening, documentation, warm handoffs, follow-up, field safety).
- Referral directory with partner points-of-contact and warm-handoff steps.
- Baseline dashboard and reporting calendar established.

Anticipated Outcomes

- 24 outreach events conducted
- 75 unduplicated individuals engaged
- 45 screenings/brief assessments completed (as appropriate/consented)
- 55 brief interventions delivered (stabilization, coping strategies, harm-reduction education)
- 35 warm handoffs completed to ongoing services
- 20 confirmed linkages (verified connection/first appointment attended or partner confirmation)
- 50 follow-ups completed within 14 days of initial engagement
- Documentation quality: $\geq 90\%$ of encounters documented within 24 hours

Quarter 2 (Months 4–6): Full Implementation and Early Optimization

In Quarter 2, Rainbow Health will transition from launch to full implementation by increasing outreach frequency and coverage based on demonstrated demand, partner coordination, and staffing capacity. The program will standardize follow-up protocols designed to reduce “drop-off” between outreach contact and successful service connection, including structured follow-up windows, escalation steps for higher-need participants, and documented warm handoff procedures to improve confirmed linkage to ongoing care.

Rainbow Health will conduct its first formal CQI review using early implementation data and staff/partner feedback to identify barriers and prioritize improvements. The program will implement an initial PDSA (Plan–Do–Study–Act) cycle focused on strengthening service effectiveness such as testing same-day scheduling support during outreach, refining warm

handoff steps to increase confirmed linkage, adjusting outreach locations to improve reach, and strengthening follow-up contact methods.

Deliverables (Quarter 2):

- Expanded coverage plan (minimum 3 outreach events/week) based on demand and partner alignment.
- Follow-up protocol implemented (timelines, escalation steps, closed-loop referral tracking).
- CQI Action Plan #1 and PDSA results documented and embedded into workflows.
- Quarterly performance report submitted internally and prepared for expending agency reporting.

Anticipated Outcomes

- 36 outreach events conducted.
- 100 unduplicated individuals engaged.
- 60 screenings/brief assessments completed.
- 70 brief interventions delivered.
- 55 warm handoffs completed.
- 30 confirmed linkages.
- 70 follow-ups completed within 14 days.
- Repeat engagement: 35 participants receive 2 or more contacts within the quarter.
- Documentation quality: $\geq 92\%$ documented within 24 hours.

Quarter 3 (Months 7–9): Expansion, Targeting, and Continuity Improvements

In Quarter 3, Rainbow Health will deepen continuity strategies by proactively addressing barriers that prevent participants from accessing ongoing care. This will include coordinated appointment planning, reminders and follow-up contacts, documentation support when needed for referral completion, and strengthened partner access pathways to reduce delays and increase confirmed linkage. The program will implement targeted outreach days in additional communities, using data trends and partner input to prioritize locations where outreach is likely to produce measurable outcomes.

As capacity allows, Rainbow Health will coordinate structured outreach days intended to extend reach beyond Oahu through partner collaboration and planned logistics, strengthening the foundation for broader geographic expansion. A midpoint outcomes review will assess performance against measures of effectiveness, identify service gaps, and guide operational refinements including adjustments to staffing coverage, outreach routes, follow-up practices, and partner coordination procedures.

Deliverables (Quarter 3):

- Targeted outreach plan for additional high-need Oahu communities and partner sites.
- Midpoint evaluation brief and CQI Action Plan #2 (barriers, solutions, updated workflows).
- Neighbor island expansion readiness package (partner list, coordination plan, draft outreach model for Year 2).

Anticipated Outcomes

- 42 outreach events conducted
- 110 unduplicated individuals engaged
- 70 screenings/brief assessments completed
- 85 brief interventions delivered
- 60 warm handoffs completed
- 40 confirmed linkages
- 80 follow-ups completed within 14 days
- Repeat engagement: 45 participants receive 2 or more contacts within the quarter
- Documentation quality: $\geq 95\%$ documented within 24 hours

Quarter 4 (Months 10–12): Outcomes Consolidation, Sustainability, and Reporting

In Quarter 4, Rainbow Health will consolidate outcomes, assess overall program effectiveness, and refine the model for sustainability. This includes a comprehensive review of outcome trends across reach, service delivery, warm handoffs, confirmed linkage, follow-up success, and quality indicators. Rainbow Health will identify persistent gaps (e.g., referral completion barriers, access bottlenecks, geographic coverage limitations) and formalize improvements to protocols and partnerships to strengthen performance in future cycles.

Rainbow Health will prepare an annual outcomes report for the expending agency summarizing achievements, lessons learned, CQI actions taken, and recommendations for scaling or refinement. If the appropriation level differs from the request, Rainbow Health will recalibrate performance targets and measures of effectiveness accordingly and transmit updated measures to the expending agency consistent with reporting requirements. The program will also develop a sustainability and scale plan focused on staffing model refinement, partner integration, service cadence optimization, and alignment with complementary funding streams.

Deliverables (Quarter 4):

- Annual outcomes report and year-end performance dashboard (outputs, outcomes, lessons learned)
- Sustainability and Year 2 expansion plan (staffing model, partner integration, outreach cadence, neighbor island scale approach)
- Updated measures/targets submitted to expending agency if appropriation level differs.

Anticipated Outcomes

- 42 outreach events conducted
- 115 unduplicated individuals engaged
- 75 screenings/brief assessments completed
- 90 brief interventions delivered
- 70 warm handoffs completed
- 50 confirmed linkages
- 80 follow-ups completed within 14 days
- Repeat engagement: 55 participants receive 2 or more contacts within the quarter
- Documentation quality: $\geq 95\%$ documented within 24 hours

2. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

Rainbow Health will implement a structured Quality Assurance (QA) and Continuous Quality Improvement (CQI) framework to ensure Ho‘ōla Ma Ke Ala: Mobile Behavioral Health & Substance Use Support is delivered with fidelity, safety, cultural responsiveness, and measurable impact. QA activities will verify that services are implemented consistently and in accordance with established protocols, while CQI activities will use performance data and feedback loops to identify barriers, test improvements, and strengthen outcomes over time. Monitoring and evaluation will be conducted through a combination of encounter-level documentation, referral and follow-up tracking, supervisory review, and routine performance reporting to the expending agency.

Monitoring and Program Fidelity

Rainbow Health will monitor program fidelity through standardized workflows that guide each field encounter from engagement through follow-up. Staff will use consistent procedures for informed consent, screening/brief assessment (as clinically appropriate and consented), brief intervention, warm handoffs, documentation, and participant follow-up. Program leadership will conduct routine supervisory reviews to ensure adherence to protocols, appropriate risk triage, and consistent delivery of culturally responsive, trauma-informed engagement.

Field safety and risk management will be monitored through structured check-in/check-out procedures, incident reporting, and periodic review of safety practices to ensure staff and participant well-being. When safety concerns or service quality issues arise, Rainbow Health will document the incident, review contributing factors, and implement corrective actions to prevent recurrence.

QA Targets (Annual)

- Documentation timeliness: $\geq 95\%$ of encounters documented within 24 hours
- Protocol fidelity: $\geq 90\%$ of audited encounters reflect required workflow elements (e.g., service type recorded, referral actions documented when applicable, follow-up plan noted when indicated)
- Safety monitoring: 100% of incidents documented and reviewed within 5 business days, with corrective actions tracked to completion

Data Quality, Performance Tracking, and Reporting Cadence

Rainbow Health will maintain standardized program tracking tools to support accurate reporting and objective evaluation. Data will be captured through encounter logs and documentation templates designed for mobile service delivery. Program leadership will review data weekly to monitor service volume, continuity indicators, referral outcomes, and trends that may signal barriers to access or linkage.

Reporting will occur on a defined cadence to support both internal CQI and expending agency oversight. Quarterly reviews will summarize performance against targets, identify barriers, and document corrective actions or workflow refinements. Annual reporting will consolidate results, highlight program achievements, and present planned improvements for the following year.

Monitoring Cadence

- Monthly: dashboard review (outputs, linkage trends, follow-up rates, data quality).
- Quarterly: formal performance review and CQI cycle documentation.
- Annually: outcomes analysis, measure validation, and sustainability/expansion planning.

Evaluation Approach and Improvement Methodology (CQI / PDSA)

Rainbow Health will evaluate outcomes using a practical, field-appropriate framework that emphasizes measurable progress toward engagement, stabilization, and connection to ongoing care. The program will use Plan–Do–Study–Act (PDSA) cycles at least quarterly to test and implement improvements. Each cycle will focus on a priority barrier identified through data review and staff/partner feedback, such as referral drop-off, delayed appointment access, low follow-up contact rates, or site-based challenges.

Examples of CQI tests include implementing same-day scheduling during outreach, standardizing warm handoff documentation and partner confirmation steps, strengthening follow-up workflows (e.g., multiple contact methods), refining outreach sites based on yield, and strengthening continuity tools for participants with higher levels of need.

CQI Targets (Annual)

- Complete at least 4 documented PDSA cycles (minimum one per quarter).
- Demonstrate measurable improvement in at least two outcome indicators over the course of FY2027 (e.g., confirmed linkage rate, follow-up timeliness rate, repeat engagement).

Participant Experience and Cultural Responsiveness

Rainbow Health will incorporate participant and partner feedback, when feasible and appropriate, to assess service accessibility, cultural responsiveness, and perceived helpfulness. Feedback may be captured through brief voluntary check-ins, partner feedback loops, and staff debriefs after outreach days. Qualitative feedback will be summarized in CQI reviews and used to refine engagement practices, outreach schedules, and referral pathways.

4. **List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.**

Rainbow Health will report standardized, objective measures that allow the State to assess achievement and program impact. Measures will be reported quarterly and annually, using consistent definitions and data sources. If the appropriation level differs from the request amount, Rainbow Health will proportionally recalibrate targets and transmit updated measures of effectiveness to the expending agency as required.

Measure of Effectiveness	Unit of Service / Outcome Unit	FY2027 Target	Reporting Frequency	Data Source / Verification Method
Unduplicated clients served	People (unduplicated)	400	Quarterly & Annually	Encounter log with unique client identifier; de-duplicated count
Mobile outreach events delivered	Events	144	Quarterly & Annually	Outreach calendar, outreach event logs
BH/SUD screenings or brief assessments completed	Screenings/Assessments	250	Quarterly & Annually	Screening fields in encounter documentation
Brief interventions provided (stabilization, coping, harm-reduction education)	Interventions	300	Quarterly & Annually	CPT codes/encounter notes indicating brief intervention
Warm handoffs to ongoing services completed	Warm handoffs	220	Quarterly & Annually	Referral log + warm-handoff documentation (partner name/date)
Confirmed linkage to ongoing services	People (linked)	140	Quarterly & Annually	Verified first appointment attended and/or partner confirmation
Percent of warm handoffs resulting in confirmed linkage	Percent (%)	≥ 60% <i>(targeted ~64%)</i>	Quarterly & Annually	Confirmed linkages ÷ warm handoffs
Follow-up contacts completed within 14 days	Follow-up contacts	280	Quarterly & Annually	Follow-up documentation with date/time stamps
Participants with repeat engagement (2 or more contacts)	People (continuity)	160	Quarterly & Annually	Encounter log showing ≥2 contacts per unduplicated participant
Documentation timeliness and completeness	Percent (%)	≥ 95%	Quarterly & Annually	Internal audit of documentation timestamps and required fields

Through Ho‘ōla Ma Ke Ala, Rainbow Health will expand access to essential behavioral health and substance use supports for uninsured and underinsured community members by delivering culturally aware, low-barrier services in the field. By the end of FY2027, the program will have

conducted 144 mobile outreach events, engaged 400 unduplicated individuals, delivered 250 screenings/brief assessments and 300 brief interventions, completed 220 warm handoffs, and achieved 140 confirmed linkages to ongoing services. The program will further strengthen continuity by completing 280 timely follow-ups and supporting 160 participants with repeat engagement, while maintaining documentation quality at or above 95% within 24 hours. Collectively, these outcomes will reduce preventable crises, increase early stabilization, and advance health equity and community well-being in Hawaii.

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#))
 - d. Capital project details ([Link](#))
 - e. Government contracts, grants, and grants in aid ([Link](#))

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2027.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$68,750.00	\$68,750.00	\$68,750.00	\$68,750.00	\$275,000.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2027.

RH is seeking funds from the following sources for FY2027:

- Private Donations and Foundation Grants
- US Department of Housing and Urban Development, Continuum of Care.
- City & County of Honolulu, Grant-in-Aid.

4. **The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.**

Not Applicable.

5. **The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2027 for program funding.**

Not Applicable.

6. **The applicant shall provide the balance of its unrestricted current assets as of December 31, 2025.**

\$157,540.00

V. Experience and Capability

1. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

RH has the staffing, infrastructure, experience, and partnerships necessary to implement and expand Ho‘ōla Ma Ke Ala: Mobile Behavioral Health & Substance Use Support immediately and with high fidelity. RH already delivers the core functions of this model through established field-based practice providing behavioral health and substance use engagement in encampments, shelters, parks, beaches, and other community settings where participants feel safest and most willing to engage.

This proposal will formally strengthen, standardize, and scale that work through consistent outreach operations, culturally responsive screening and brief intervention, harm-reduction education, crisis prevention supports, and warm handoffs to ongoing care. RH’s demonstrated growth including a 7,000% increase in demand for services in 2025 reflects both escalating community need and RH’s capacity to scale low-barrier services while maintaining dignity-centered, community-grounded care.

Experienced Leadership

Ho‘ōla Ma Ke Ala is supported by a leadership team with deep expertise across behavioral health, community-based service delivery, and systems-level operations.

Chief Executive Officer Nathaniel R. Bossick, LCSW, MSW serves as the program’s primary clinical leader and service model architect. Nathan brings more than a decade of specialized experience designing, managing, and improving programs serving individuals with complex behavioral health needs and co-occurring conditions, including leadership across the housing and homelessness continuum (street outreach, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing). He is recognized for strengthening provider networks, improving continuity and stabilization outcomes, and operationalizing trauma-informed, culturally grounded practice—competencies that directly align with a street medicine model focused on early engagement, crisis prevention, and linkage to ongoing care.

Chief Operating Officer Trenna Sykes-Hebert, MPH complements this clinical leadership with more than 15 years of operational and fiscal management experience in public health, emergency management, and large-scale program administration. Born and raised in Hawaii and a graduate of the University of Hawaii system, Trenna brings deep local knowledge and long-standing commitment to community-centered service delivery. Throughout her tenure in senior operational roles, she has managed over \$1.2 billion in federal, state, and private-sector grant portfolios, overseeing compliance, audits, fiscal controls, and intergovernmental coordination. Her experience ensures Ho‘ōla Ma Ke Ala is implemented with strong operational infrastructure for documentation, confidentiality, field safety, performance monitoring, and grant accountability.

Collectively, RH’s leadership has managed well over \$1.5 billion in federal, state, and local grants and contracts, bringing the fiscal discipline, compliance expertise, and systems-building capacity required to successfully launch and scale a statewide, low-barrier BH/SU street medicine initiative.

List of Verifiable Experience

Contract/Project	Contracting Agency/Organization	Time Period	Services
Managed Care Contracts	AlohaCare	12/1/2024 - Current	CIS & Behavioral Health Services
Managed Care Contracts	HMSA	10/1/2024 - Current	CIS & Behavioral Health Services
Managed Care Contracts	United Health Care	10/1/2024 - Current	CIS & Behavioral Health Services
Managed Care Contracts	Ohana Health Plan	10/1/2024 - Current	CIS & Behavioral Health Services
Managed Care Contracts	Ohana Mua	05/01/2025 - Current	Consulting - Nonprofit Management
Managed Care Contracts	Medicare	10/1/2024 - Current	Behavioral Health Services
Managed Care Contracts	University Health Alliance	11/1/2024 - Current	Behavioral Health Services
Managed Care Contract	AlohaCare	09/15/2024 - Current	FUH & 1157 Assessments
Grant	Castle Foundation	12/01/2025 - Current	Pilina Fund
Grant	Decolonizing Wealth	12/01/2025 - Current	Youth Mental Health

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

Rainbow Health (RH) has adequate facilities and operational infrastructure to implement Ho‘ōla Ma Ke Ala: Mobile Behavioral Health & Substance Use Support, a primarily field-based initiative that delivers services in community settings while maintaining safe, confidential, and ADA-accessible locations for follow-up care, documentation, supervision, and participant support when needed. Because the model is mobile and low-barrier by design, RH’s facilities function as “home bases” that support clinical operations, staff coordination, privacy-protected services, secure records management, and continuity of care.

RH currently operates from two ADA-accessible locations on Oahu. Our urban Honolulu office is located in an ADA-accessible building and provides a safe, professional environment where participants can receive services in a private setting when appropriate, complete referrals and follow-up appointments, and access coordinated supports. RH also maintains an office presence in Waianae at the Ohana Ola Transitional Shelter, which is ADA accessible and conveniently located on a public bus line, supporting access for participants on the Leeward Coast and strengthening alignment with shelter-based and community partners.

In addition to these fixed sites, the project will operate through planned outreach routes and partner-aligned outreach days across community settings such as shelters, encampments, parks, beaches, and vehicles supported by portable supplies and secure field documentation tools to ensure confidentiality and continuity. As the program expands and additional outreach days are established, RH will continue to strengthen facility capacity through partner coordination and, if needed, secure additional satellite space or scheduled use of partner sites to support neighbor island outreach; however, RH’s existing Honolulu and Waianae locations are sufficient to launch and operate the initial pilot as proposed.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Ho‘ōla Ma Ke Ala will be implemented through a focused team structure designed for field-based service delivery, clinical quality, and strong accountability. Staffing is aligned to the program’s service model and proposed capacity, ensuring consistent outreach operations, clinically appropriate brief intervention and stabilization supports, effective navigation and warm handoffs, and rigorous QA/evaluation.

Licensed Clinical Social Worker (To be Hired) - The LCSW will serve as the lead field-based clinician and provide mobile behavioral health and substance use services in community settings (e.g., shelters, encampments, parks, beaches, vehicles). Responsibilities include: conducting clinically appropriate screening and brief assessment with informed consent; providing brief intervention, stabilization, and crisis prevention supports (grounding, de-escalation, motivational strategies); delivering culturally responsive harm-reduction education and individualized safety planning; coordinating warm handoffs and referrals to ongoing care (therapy, SUD treatment, primary care, specialty care, insurance navigation, and culturally grounded supports); completing timely documentation; supporting partner coordination on outreach days; and participating in CQI activities and required reporting. Minimum qualifications include Hawaii-based LCSW licensure in good standing and at least five years of experience practicing as an LCSW in Hawai'i. RH strongly encourages applicants with lived experience and/or street-based/low-barrier service experience

Outreach Specialist (To Be Hired) - The Outreach Specialist will operationalize the street medicine model and ensure consistent field presence, engagement, and follow-through. Responsibilities include: planning and executing scheduled outreach routes and partner-aligned outreach days; conducting relationship-based outreach and engagement using trauma-informed, culturally aware practices; completing initial contact, rapport building, and practical support; assisting with basic screening logistics (as appropriate and within role scope); supporting navigation tasks such as appointment scheduling, reminders, transportation/problem-solving, and document support; maintaining outreach supplies and field readiness; tracking outreach contacts, follow-up attempts, and referral outcomes; coordinating communication with shelters and partner agencies; and supporting warm handoffs by accompanying participants (when feasible) or staying connected through follow-up in the field.

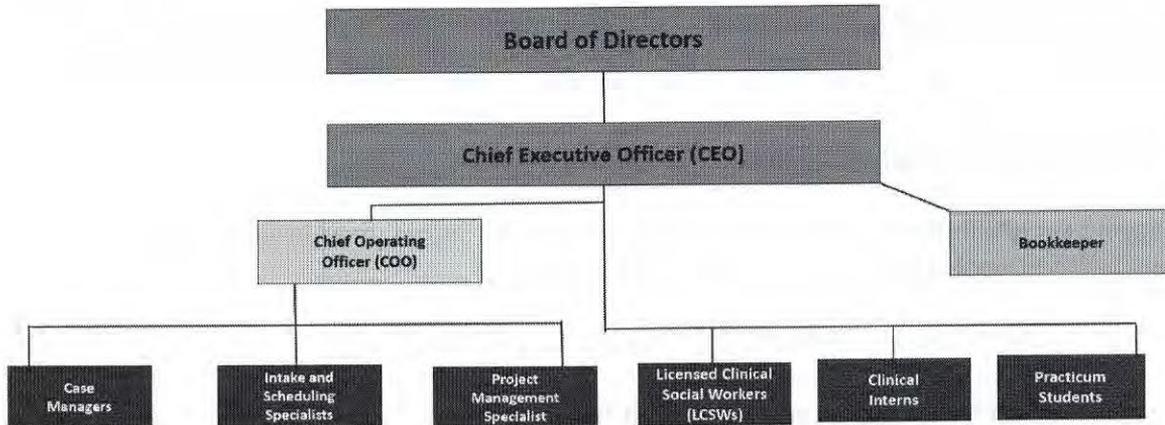
Clinical Supervisor - this role will be fulfilled by Rainbow Health's Chief Executive Officer, Nathaniel R. Bossick, LCSW, MSW, who will provide clinical oversight, quality assurance, and model fidelity to ensure safe, effective, and culturally responsive service delivery. With more than a decade of specialized experience designing, leading, and improving programs serving individuals with complex behavioral health needs and co-occurring conditions, particularly within low-barrier, community-based and homelessness-response settings, Mr. Bossick will guide clinical decision-making and ensure adherence to trauma-informed, culturally grounded practice. Responsibilities include providing regular clinical supervision and case consultation for the LCSW and Outreach Specialist; coaching staff on risk assessment, de-escalation, crisis response, safety planning, and ethical decision-making; reviewing documentation quality, consent, and confidentiality practices; overseeing referral and warm-handoff protocols and care coordination; serving as a partner-facing clinical consultant as needed; and supporting staff development, burnout prevention, and continuous quality improvement to maintain consistent service delivery.

Quality Assurance Oversight - will be served by Chief Operating Officer Trenna Sykes-Hebert, MPH, who will lead program infrastructure related to quality assurance, accountability, compliance, and evaluation. Born and raised in Hawai'i and a graduate of the University of

Hawai'i system, Ms. Sykes-Hebert brings over 15 years of operational and fiscal leadership in public health, emergency management, and large-scale program administration. Across senior operational roles, she has managed over \$1.2 billion in federal, state, and private-sector grant portfolios, with extensive experience in compliance, audits, fiscal controls, reporting systems, and intergovernmental coordination, expertise that directly supports grant accountability and scalable program operations. Responsibilities include establishing and monitoring program workflows, documentation standards, and data integrity processes; overseeing performance dashboards and reporting cadence; coordinating CQI cycles (e.g., PDSA) and implementation improvements; ensuring grant compliance and audit readiness; supporting risk management and refinement of field safety protocols; and aligning cross-program pathways (including linkage to the Decolonizing Wealth Youth Mental Health Fund) to strengthen continuity of care.

2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.



3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

1. Chief Executive Officer - \$80,000.00 - \$130,000.00
2. Chief Operating Officer - \$80,000.00 - \$130,000.00
3. Licensed Clinical Social Worker (Ho'ōla Ma Ke Ala) - \$80,000.00 - \$90,000.00

VII. Other

1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Not Applicable.

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

Not Applicable.

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

Not Applicable.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2027 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2027, but
- (b) Not received by the applicant thereafter.

Rainbow Health (RH) is designing **Ho‘ōla Ma Ke Ala: Mobile Behavioral Health & Substance Use Support** to remain sustainable beyond FY2027 by integrating the initiative into RH’s ongoing service lines, diversifying revenue sources, and formalizing partnerships that support continued operations even if GIA funding is not renewed. The FY2027 award will be used as the foundational investment to formalize staffing, standardize protocols, strengthen data and reporting, and demonstrate measurable outcomes that position the program for long-term funding.

A central sustainability strategy is transitioning key components of the model into ongoing reimbursement and braided funding streams. During FY2027, RH will further refine documentation, consent processes, and service workflows so that eligible follow-up services and ongoing care can be supported through sustainable reimbursement mechanisms where allowable.

While the outreach itself remains intentionally low-barrier, the program is designed to increase successful linkage into ongoing care, which supports continuity for participants and creates a durable financial pathway that reduces reliance on a single grant source.

RH will also sustain the initiative by pursuing multi-year support from complementary funding sources aligned with behavioral health access, crisis diversion, homelessness response, and harm reduction. FY2027 performance data will be packaged into funder-ready reporting and leveraged to pursue additional state and local opportunities, philanthropic investments, and community benefit partnerships with health systems and other stakeholders that share an interest in reducing crisis-driven utilization and improving health equity.

In parallel, RH will formalize and expand operational partnerships with shelters, outreach teams, healthcare providers, and community organizations to support shared outreach days, coordinated referral pathways, and in-kind contributions that reduce program costs and extend reach. These partnerships can include co-located services, shared staffing coordination, donated space for follow-up visits, transportation support, and jointly developed referral and warm-handoff protocols, strengthening sustainability through shared infrastructure and opportunities for joint funding applications.

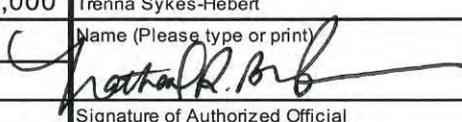
If GIA funding is not received after FY2027, RH will implement a continuity plan that preserves the highest-impact program functions while scaling operations to available resources. This includes maintaining a predictable outreach cadence (even if reduced), integrating clinical supervision and QA activities into existing leadership capacity, cross-training staff across RH programs to support outreach and navigation functions, and prioritizing outreach sites with the highest engagement and strongest partner supports to maximize impact per dollar.

Ultimately, FY2027 will serve as a demonstration year to document the program's outcomes, such as engagement volume, screenings and brief interventions completed, warm handoffs, referral completion, follow-up rates, and crisis diversion indicators—and to show how earlier, community-based BH/SU support reduces preventable escalation into emergency services. This outcomes package will strengthen RH's ability to secure ongoing support and sustain Ho'ōla Ma Ke Ala beyond FY2027.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: Rainbow Health

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	179,000			
2. Payroll Taxes & Assessments	30,895			
3. Fringe Benefits	14,352			
TOTAL PERSONNEL COST	224,247			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0			
2. Insurance	0			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	0			
5. Staff Training	0			
6. Supplies	10,553			
7. Telecommunication	1,200			
8. Utilities	0			
9. Mileage	12,000			
10. Outreach Supplies	25,000			
11.				
12.				
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20.				
TOTAL OTHER CURRENT EXPENSES	48,753			
C. EQUIPMENT PURCHASES	2,000			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	275,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	275,000	Trenna Sykes-Hebert 808-427-2946		
(b) Total Federal Funds Requested		Name (Please type or print)		
(c) Total County Funds Requested				
(d) Total Private/Other Funds Requested		Signature of Authorized Official 1/23/26		
TOTAL BUDGET	275,000	Nathaniel Bossick, CEO Date		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2026 to June 30, 2027

Applicant: _____ Rainbow Health _____

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY:2024-2025	FY:2025-2026	FY:2026-2027	FY:2026-2027	FY:2027-2028	FY:2028-2029
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: _____ Rainbow Health _____

Contracts Total: _____

CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
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